

**The United States District Court
844 King Street
Wilmington, Delaware 19801**

**Jourdean Lorah -Plaintiff
114 Walls Ave.
Wilmington, Delaware 19805**

Civil Case 1:06-CV-538-SLR

V

**Tetra Tech Inc. - Defendant
240 Continental Drive Suite 200
Newark, Delaware 19713-4307**

**The Corporation Trust Company
1209 Orange Street
Wilmington, Delaware 19801**

**Department of Justice
Robert Phillips
Carvel State Office Building
820 N. French Street
Wilmington, Delaware 19801**

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2007 MAR 13 PM 3:46

**MOTION CONCERNING THE DISCRIMINATION
UNDER TITLE VII**

Plaintiff, Jourdean Lorah has enclosed the following brief regarding her rights which have been violated under Title VII (age, gender and disability). Plaintiff, Jourdean Lorah is presently unemployed and receiving welfare benefits. Plaintiff, Jourdean Lorah requested her right to sue against Tetra Tech Inc. when the EEOC neglected to recognize that the Plaintiff's rights had been violated. Plaintiff, Jourdean Lorah's employment presently is now a continuing violation with the

EEOC in Philadelphia, Pennsylvania and The Department of Labor /Division of Industrial Affairs located in Wilmington, Delaware. Retaliation and discrimination under Title VII is presently a “lock out”. Plaintiff, can not afford representation of an attorney. The Defendants, (Tetra Tech) knew that the Plaintiff would not be able to afford representation. Therefore, the Plaintiff remains unemployed without retirement. Plaintiff, receives a weekly check of unemployment in the amount of (\$50.00) that will soon be exhausted. Plaintiff has sought the remedy of a full time job with health benefits and retirement, but there is no equal opportunity. The Plaintiff, Jourdean Lorah is always denied her training and the opportunity to be gainfully employed. Plaintiff, Jourdean Lorah is seeking relief or a settlement of \$100,000.00 from Tetra Tech Inc. for the economical hardship that has been intentionally inflicted, defamation and the discrimination which is now a continuing violation. Plaintiff, Jourdean Lorah respectfully prays The United States District Court will grant the relief under Title VII Tafoya V Adams (DC Colo) 612 F Supp 1097, 78 ALR Fed 477 . Plaintiff, Jourdean Lorah is physically and mentally fit, under the age of fifty and is not eligible for social security benefits. Plaintiff's rights have been violated.

A handwritten signature in black ink, reading "Jourdean Lorah". The signature is written in a cursive, flowing style with a large initial 'J'.

Statement of Facts

1. Plaintiff, Jourdean Lorah interviewed with Mr. John Traynor, supervisor of the Land Survey department of Tetra Tech Inc., on March 14, 2005 located then at 56 W. Main Street in Christiana, Delaware. Upon interview, Mr. John Traynor asked the Plaintiff if she had a disability (2.). The Plaintiff, Jourdean said, "I have asthma." Plaintiff knows that you are not allowed to ask if one has a disability upon seeking employment. Mr. John Traynor told the Plaintiff, Jourdean he was a smoker. Mr. John Traynor hired the Plaintiff, Jourdean Lorah, through the agency of Synerfac located at 2 Read's Way in New Castle, Delaware (1.). Mr. Traynor told the Plaintiff, Jourdean that he could not hire her through the company of Tetra Tech Inc.

2. Plaintiff became employed on March 22, 2005 at Tetra Tech Inc. Approximately one month after the Plaintiff, Jourdean Lorah was hired, Tetra Tech Inc. hired a younger female who was paid more per hour then the Plaintiff, Jourdean Lorah. Plaintiff, Jourdean Lorah was paid fourteen dollars per hour and the younger female (Erin Moran) was paid twenty dollars per hour.

3. The younger female (Erin Moran) received her training. Plaintiff, Jourdean Lorah did not. Plaintiff's age is considerably older than her younger colleague Erin Moran. Younger employees were hired, both before and after the Plaintiff, Jourdean was hired. All of the younger employees received their training (Mathew

Mercado, Robert Campbell -male colleagues) . Those younger employees who received their training were also working at agencies and later hired through Tetra Tech Inc. Plaintiff's contract/agreement was for six months with training.

4. Plaintiff, Jourdean Lorah was harassed incessantly by her younger colleague Erin Moran and a male colleague Casey Grabowski. The Plaintiff's employment contract became a marriage contract in the form of a "sore" which resulted in a divorce. Younger colleagues discussed daily the Plaintiff as if she was contagious with an illness. Plaintiff, Jourdean Lorah does not have a sore. See prescription list of all medications (4.) during the time the Plaintiff was employed at Tetra Tech Inc. Plaintiff's younger colleague Erin Moran was engaged. Plaintiff, is neither married or engaged. It is illegal to employ someone through a marriage contract which would result in a divorce thus marking the employee contagious with an illness.

5. Casey Grabowski recommended that the Plaintiff, Jourdean Lorah take a CAD computer course at Delaware Technical College (5A.). Plaintiff, immediately registered for the course. During the Plaintiff's evening class of CAD computer, she was harassed by her colleagues at Delaware Technical College who knew Casey Grabowski at Tetra Tech Inc. Comments were communicated concerning the Plaintiff as if she was unintelligent or not intelligent enough. The Plaintiff was told that she is not intelligent because she uses a pencil. The Plaintiff, was professionally trained on the drafting table to draft surveys with a mechanical pencil and a

protractor over eighteen years ago. Plaintiff was also trained in the field with a survey crew as an instrument person. The same communication regarding the Plaintiff as if she was contagious (Plaintiff was not contagious) (4.) was also at the campus. Plaintiff, is able to attend college through a pell grant from the Federal government. Plaintiff, has the right to her education without harassment. Plaintiff, received an "A" on the first exam two weeks after beginning the course. (5C.) Plaintiff, Jourdean Lorah has a degree in Science/General Studies. Presently, the Plaintiff is completing her second degree in Liberal Arts (G.P.A. grades are with honor).

6. Colleagues at Tetra Tech Inc. also paired (double) the Plaintiff, Jourdean Lorah with Kathleen Willet. Plaintiff, Jourdean told her supervisor, John Traynor she is not Kathleen Willet in the Washington Post. Plaintiff, Jourdean also notified Mr. Traynor of Erin Moran's behavior which resulted in a mediation with Human Relations (Susan Brewer). Ms. Moran referred to the Plaintiff, Jourdean as if she was someone in a brothel. Often, Plaintiff had to correct her colleagues regarding her name which is not Jordan Lorah. Plaintiff also told her colleagues that she was not a man. Erin Moran was a Tetra Tech Inc. employee and the Plaintiff, Jourdean was not.

7. An employee of Tetra Tech Inc., (3.) Ralph Bodekker asked the Plaintiff, Jourdean for a letter from Synerfac verifying her hourly rate of pay. The Department of Natural Resources and Environmental Control requested it through

Mr. Ralph Bodekker of Tetra Tech Inc.

8. On or around June 6, 2005, Mr. John Traynor asked the Plaintiff to get up from her desk for a younger male (name-AJ) who was hired. That afternoon, Plaintiff, Jourdean Lorah met with Melissa, a recruiter of Synerfac about the harassment. Plaintiff, Jourdean Lorah also mentioned that she no longer had a desk/computer workstation to work at. Not long after this meeting with Synerfac, on June 14, 2005 the Plaintiff, Jourdean Lorah's contract ended. Mr. John Traynor (supervisor of the Land Survey Dept.) told the Plaintiff, Jourdean Lorah, " It has nothing to do with your job performance." The complaint was filed with the EEOC (6.) for retaliation and discrimination under Title VII.

9. Plaintiff, Jourdean Lorah was told at the Unemployment Office by people she did not know that Tetra Tech Inc. extorted her. Later, Plaintiff, Jourdean Lorah received a letter from the EEOC that she was not an employee (6.) Synerfac However, the Plaintiff, Jourdean has proved with her W-2 that she was employed with Synerfac located at 2 Read's Way in New Castle , Delaware.

10. The EEOC (6B.) and The Division of Industrial Affairs has failed to recognized that the Plaintiff, Jourdean Lorah is older than the female colleague that was hired after the Plaintiff. They have also failed to recognize that younger male employees were hired before and after the Plaintiff. All of the younger male and female employees received their training. Plaintiff, Jourdean Lorah's supervisor, Mr. John

Traynor knew she had a disability. The Plaintiff, Jourdean Lorah has been denied the administrative services of the EEOC and The Division of Industrial Affairs which gives her due process concerning discrimination and retaliation under Title VII. Plaintiff, Jourdean Lorah refuses to be paired with an individual that is not her as it denies her equal opportunity and her worth. Plaintiiff, Jourdean Lorah has (9.) financial responsibilities to her mother (senior) regarding their home.

Jourdean Lorah

Statement of Facts

| | |
|---|-----------|
| Proof of employment with Synerfac and Tetra Tech Inc. | 1. |
| A. W-2 Taxes Synerfac | |
| B. Verification that Plaintiff worked at Tetra Tech Inc. | |
| C. Tetra Tech Survey Work Log | |
| Letter of Disability..... | 2. |
| Letter from Synerfac verifying hourly pay..... | 3 |
| Prescription list of Plaintiff's medication..... | 4. |
| Delaware Technical Community College | 5. |
| A. Student Schedule | |
| B. Copy-Test Exam -CAD | |
| C. Delaware Technical Community College -Grades | |
| EEOC Charges filed -Title VII | 6 |
| A. Charge Questionnaire | |
| B. Charges -EEOC | |
| C. Notice of Right To Sue | |
| Letter from EEOC | 7. |
| A. Synerfac denied that the Plaintiff was an employee | |
| Document from Delaware Health & Social Services..... | 8 |
| A. Employment Verification | |
| B. Synerfac's Check History Report | |
| C. Synerfac- Check Deposit | |
| Letter concerning financial responsibility..... | 9. |
| Delaware Social Services..... | 10 |
| A. Welfare Benefit - Medical Assistance | |

B. Notice to Deny Food Stamp Benefit



2 Read's Way | Suite 209
New Castle | DE 19720

302 | 324-9400
fax: 302 | 324-9285

www.synerfac.com

A division of SYNERFAC, Inc.

Employment Agreement

Dear Jourdean Lorah,

It is a sincere pleasure to welcome you as the newest member of the Synerfac Team. We enjoy and maintain an excellent reputation with both Clients and Employees, and recognize this reputation is acquired only through the talent and effort you bring to your new position. We trust that you will help us to enhance this reputation and that your association with us will be professionally and financially rewarding.

Assignment Information

| | | | |
|----------|---|-------------|--------------|
| Client: | Tetra Tech Inc. | Report To: | John Traynor |
| Address: | 56 West Main Street Christiana, DE 19720 | Start Date: | 3/22/05 |
| | | Start Time: | TBD |

Wage Information

| | | | |
|------------------------------|--|-------------------------|---------|
| Straight Time Wage (hourly): | \$14.00 | Overtime Wage (hourly): | \$21.00 |
| Overtime: | Will be paid at time and one-half after forty (40) hours worked in any one (1) week. | | |

Time Tickets

A Synerfac time sheet, written in ink and signed by a Client supervisor, must be submitted to the local Synerfac office no later than 10:00 am. on Monday (original or via fax). Failure to submit time sheet will result in a delay of compensation for that reporting period.

Benefits Information

My Synerfac representative has explained the various paid time off options available to me and I have selected the option listed below.

Initial _____

The compensation stated above **DOES NOT** include holiday, vacation, sick, or personal leave benefits.

Synerfac Group Insurance Program

In order to participate in the Synerfac Group Insurance Program, you must request, complete and return the required enrollment forms within thirty (30) days of your start date. Enrollment after thirty-one (31) days will be limited to a yearly open enrollment period. Synerfac's Section 125 Benefit Plan enables you to make your insurance premium contributions on a *pre-tax* basis.

I understand that no coverage is provided until I have complied with rules for enrollment and paid the required insurance premiums via payroll deduction.

Initial _____



Request for Insurance Packet/Waiver

Synerfac's Section 125 Benefit Plan enables you to make your insurance premium contributions on a pre-tax basis.

| Aetna HMO (Super Value Plus) Plan | |
|---|------------------|
| A traditional HMO plan where you use only the physicians and health care facilities in the Aetna network. | |
| HMO- Super Value Plus Plan | Weekly Deduction |
| <input checked="" type="checkbox"/> Employee Only | \$ 68.63 |
| <input type="checkbox"/> Employee and Child(ren) | \$ 129.45 |
| <input type="checkbox"/> Employee and Spouse | \$ 147.83 |
| <input type="checkbox"/> Employee, Spouse, Child(ren) | \$ 205.90 |

| Aetna Quality Point of Service Plan | |
|---|------------------|
| A flexible plan with the option to use in network physicians or choose an out of network physician or hospital. As with a traditional indemnity plan, a deductible and coinsurance would apply. | |
| Quality Point of Service Plan | Weekly Deduction |
| <input checked="" type="checkbox"/> Employee Only | \$ 71.63 |
| <input type="checkbox"/> Employee and Child(ren) | \$ 133.05 |
| <input type="checkbox"/> Employee and Spouse | \$ 155.93 |
| <input type="checkbox"/> Employee, Spouse, Child(ren) | \$ 213.68 |

| MetLife Dental Plan | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Employee Only | Weekly Deduction \$ 4.75 |
| <input type="checkbox"/> Employee and Child(ren) | \$ 11.61 |
| <input type="checkbox"/> Employee and Spouse | \$ 9.53 |
| <input type="checkbox"/> Employee, Spouse, Child(ren) | \$ 16.40 |

Please check the appropriate boxes below. You can choose only 1 of the 3 options.

Option 1: You can waive both insurances

Option 2: Waive one insurance and request information on the other

Option 3: Request information on both insurances

☐ Aetna Health Insurance: I wish to waive coverage for myself & my eligible dependents

☐ MetLife Dental: I wish to waive coverage for myself & my eligible dependents

Reason for waiving insurance: _____



☒ Aetna Health Insurance: I would like an enrollment packet mailed to me. I understand that coverage will begin 30 days from date of hire. No coverage will be provided until Aetna enrollment forms are completed and returned and the appropriate premiums are taken via payroll deduction.

☒ MetLife Dental: I would like an enrollment packet mailed to me. I understand that coverage will begin 30 days from date of hire. No coverage will be provided until MetLife enrollment forms are completed and returned and the appropriate premiums are taken via payroll deduction.


Name: Jourdean Lora Start Date: 3/22/05
 Street Address: 114 WALLS AVE.
 City: WILMINGTON State: DE. Zip Code: 19805

Signature: Jourdean Lora Date: MARCH 16, '05


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| | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|--|--|
| a Control number 7116 | | b Employer identification no. 51-0302216 | | Copy 1 To Be Filed With Employee's FEDERAL Tax Return | | | | Safe, accurate, FAST! Use e-file  | | Visit the IRS Web Site at www.irs.gov | |
| c Employer's name, address, and ZIP code Synerfac, Inc. 2 Reads Way Suite 209 New Castle, DE 19720-1649 | | | | 1 Wages, tips, other compensation 6426.53 | | 2 Federal income tax withheld 661.31 | | | | | |
| | | | | 3 Social security wages 6426.53 | | 4 Social security tax withheld 398.44 | | | | | |
| | | | | 5 Medicare wages and tips 6426.53 | | 6 Medicare tax withheld 93.18 | | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | 9 Advance EIC payment | | | |
| | | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a SEE INSTRUCTIONS FOR BOX 12 | | | |
| d Employee's social security number 217741460 | | | | 13 Statutory employee <input type="checkbox"/> | | Retirement plan <input type="checkbox"/> | | Third-party sick pay <input type="checkbox"/> | | 12b | |
| e Employee's first and initial Last name and address, and ZIP code Jourdean Lorah 114 Walls Ave Wilmington, DE 19805-1059  | | | | 14 Other | | | | 12c | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | | | | |
| 15 State DE | | Employer's state I.D. No. 1-510302216 | | 16 State wages, tips, etc. 6426.53 | | 17 State income tax 219.95 | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | | | | | | | 20 Locality name | |

Form **W-2 Wage and Tax Statement 2005** Department of the Treasury- Internal Revenue Service
This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008

| | | | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|---------------------|--|
| a Control number 7116 | | b Employer identification no. 51-0302216 | | Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return | | | | OMB No. 1545-0008 | | | |
| c Employer's name, address, and ZIP code Synerfac, Inc. 2 Reads Way Suite 209 New Castle, DE 19720-1649 | | | | 1 Wages, tips, other compensation 6426.53 | | 2 Federal income tax withheld 661.31 | | | | | |
| | | | | 3 Social security wages 6426.53 | | 4 Social security tax withheld 398.44 | | | | | |
| | | | | 5 Medicare wages and tips 6426.53 | | 6 Medicare tax withheld 93.18 | | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | 9 Advance EIC payment | | | |
| | | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a SEE INSTRUCTIONS FOR BOX 12 | | | |
| d Employee's social security number 217741460 | | | | 13 Statutory employee <input type="checkbox"/> | | Retirement plan <input type="checkbox"/> | | Third-party sick pay <input type="checkbox"/> | | 12b | |
| e Employee's first and initial Last name and address, and ZIP code Jourdean Lorah 114 Walls Ave Wilmington, DE 19805-1059  | | | | 14 Other | | | | 12c | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | | | | |
| 15 State DE | | Employer's state I.D. No. 1-510302216 | | 16 State wages, tips, etc. 6426.53 | | 17 State income tax 219.95 | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | | | | | | | 20 Locality name | |

Form **W-2 Wage and Tax Statement 2005** Department of the Treasury- Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

| | | | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|---------------------|--|
| a Control number 7116 | | b Employer identification no. 51-0302216 | | Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B). This information is being furnished to the Internal Revenue Service. | | | | OMB No. 1545-0008 | | | |
| c Employer's name, address, and ZIP code Synerfac, Inc. 2 Reads Way Suite 209 New Castle, DE 19720-1649 | | | | 1 Wages, tips, other compensation 6426.53 | | 2 Federal income tax withheld 661.31 | | | | | |
| | | | | 3 Social security wages 6426.53 | | 4 Social security tax withheld 398.44 | | | | | |
| | | | | 5 Medicare wages and tips 6426.53 | | 6 Medicare tax withheld 93.18 | | | | | |
| | | | | 7 Social security tips | | 8 Allocated tips | | 9 Advance EIC payment | | | |
| | | | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a SEE INSTRUCTIONS FOR BOX 12 | | | |
| d Employee's social security number 217741460 | | | | 13 Statutory employee <input type="checkbox"/> | | Retirement plan <input type="checkbox"/> | | Third-party sick pay <input type="checkbox"/> | | 12b | |
| e Employee's first and initial Last name and address, and ZIP code Jourdean Lorah 114 Walls Ave Wilmington, DE 19805-1059  | | | | 14 Other | | | | 12c | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | | | | |
| 15 State DE | | Employer's state I.D. No. 1-510302216 | | 16 State wages, tips, etc. 6426.53 | | 17 State income tax 219.95 | | 18 Local wages, tips, etc. | | 19 Local income tax | |
| | | | | | | | | | | 20 Locality name | |

Form **W-2 Wage and Tax Statement 2005** Department of the Treasury- Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

2 Read's Way | Suite 209
New Castle Corporate Commons
New Castle | DE 19720

SYNERFAC
TECHNICAL STAFFING
a division of SYNERFAC, Inc.

| EMPLOYEE NO. | EMPLOYEE NAME | CLIENT NAME | WEEK ENDING | | | | | | |
|--------------------|----------------|-------------|---------------|------|-------|------|------|------|-------|
| | LOURDEAN LORAH | TETRA TECH | APRIL 29, '05 | | | | | | |
| PROJECT NO. & NAME | | MON. | TUE. | WED. | THUR. | FRI. | SAT. | SUN. | TOTAL |
| TETRA TECH | ST | 9 | 8 | 8.5 | 8 | 8 | | | 40.5 |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | TOTAL | 9 | 8 | 8.5 | 8 | 8 | | | 40.5 |

EMPLOYEE SIGNATURE

LOURDEAN LORAH

Employee Signature: I certify I worked the hours noted above during the indicated week and the hours were verified by an authorized representative of the client.

WHITE - MAIL TO SYNERFAC
CANARY - CLIENT
PINK - EMPLOYEE

By signing below, authorized representative of the client agrees all hours on the timesheet will be paid for at the previously agreed upon billing rate, all work was performed satisfactorily, and to the terms on the reverse side of this timesheet.
() Check here if you would like a sales representative or recruiter to contact you regarding open position

STRAIGHT TIME:

OVERTIME:

CLIENT APPROVAL

2 Read's Way | Suite 209
New Castle Corporate Commons
New Castle | DE 19720

SYNERFAC
TECHNICAL STAFFING
a division of SYNERFAC, Inc.

| EMPLOYEE NO. | EMPLOYEE NAME | CLIENT NAME | WEEK ENDING | | | | | | |
|--------------------|----------------|-------------|-------------|------|-------|------|------|------|-------|
| | LOURDEAN LORAH | TETRA TECH | MAY 6, 2005 | | | | | | |
| PROJECT NO. & NAME | | MON. | TUE. | WED. | THUR. | FRI. | SAT. | SUN. | TOTAL |
| TETRA TECH | ST | 9.0 | 6.5 | 8.5 | 9.5 | 8.0 | | | 41.5 |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | TOTAL | 9.0 | 6.5 | 8.5 | 9.5 | 8.0 | | | 41.5 |

EMPLOYEE SIGNATURE

LOURDEAN LORAH

Employee Signature: I certify I worked the hours noted above during the indicated week and the hours were verified by an authorized representative of the client.

WHITE - MAIL TO SYNERFAC
CANARY - CLIENT
PINK - EMPLOYEE

By signing below, authorized representative of the client agrees all hours on the timesheet will be paid for at the previously agreed upon billing rate, all work was performed satisfactorily, and to the terms on the reverse side of this timesheet.
() Check here if you would like a sales representative or recruiter to contact you regarding open position

STRAIGHT TIME:

OVERTIME:

CLIENT APPROVAL

2 Read's Way | Suite 209
New Castle Corporate Commons
New Castle | DE 19720

SYNERFAC
TECHNICAL STAFFING
a division of SYNERFAC, Inc.

| EMPLOYEE NO. | EMPLOYEE NAME | CLIENT NAME | WEEK ENDING | | | | | | |
|--------------------|----------------|-------------|--------------|------|-------|------|------|------|-------|
| | LOURDEAN LORAH | TETRA TECH | MAY 13, 2005 | | | | | | |
| PROJECT NO. & NAME | | MON. | TUE. | WED. | THUR. | FRI. | SAT. | SUN. | TOTAL |
| TETRA TECH | ST | 8.5 | 8.5 | 8.0 | 9.0 | 8.5 | | | 40.5 |
| | OT | | | | | | | | 2.5 |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | ST | | | | | | | | |
| | OT | | | | | | | | |
| | TOTAL | 8.5 | 8.5 | 8.0 | 9.0 | 8.5 | | | 40.5 |

EMPLOYEE SIGNATURE

LOURDEAN LORAH

Employee Signature: I certify I worked the hours noted above during the indicated week and the hours were verified by an authorized representative of the client.

WHITE - MAIL TO SYNERFAC
CANARY - CLIENT
PINK - EMPLOYEE

By signing below, authorized representative of the client agrees all hours on the timesheet will be paid for at the previously agreed upon billing rate, all work was performed satisfactorily, and to the terms on the reverse side of this timesheet.
() Check here if you would like a sales representative or recruiter to contact you regarding open position

STRAIGHT TIME:

OVERTIME:

CLIENT APPROVAL



TETRA TECH, INC.
SURVEY WORK LOG

APPROVED: _____

RCN: 6810PROJECT: ADMINDATE: MAY 18, 2005

CHIEF: _____

ASSISTANT 1: JOURDEAN LORAH

ASSISTANT 2: _____

HOURS

STRAIGHT TIME

OVERTIME

WORK TASK

QUANTITY
COMPLETED

HOURS

STRAIGHT TIME

OVERTIME

SURVEY WORK LOGS - ENTEREDEMPLOYEE'S TIME INTO THE
COMPUTER.QA - JOB NUMBERS WITH PROJECTSEXPENSE REPORTSPROPOSALS - XEROXING, FAX

REMARKS:



TETRA TECH, INC.
SURVEY WORK LOG

APPROVED: _____

RCN: 6810

PROJECT: ADMIN

DATE: JUNE 2, 2005

CHIEF: _____

ASSISTANT: LOURDEAN LORAH

TECHNICIAN: _____

| HOURS | |
|---------------|----------|
| STRAIGHT TIME | OVERTIME |
| <u>3.5</u> | |
| | |
| | |
| | |
| | |
| | |

| WORK TASK | QUANTITY COMPLETED | HOURS | |
|---|--------------------|---------------|----------|
| | | STRAIGHT TIME | OVERTIME |
| <u>SURVEY WORK LOGS-ENTERED</u> | | <u>3.5</u> | |
| <u>EMPLOYEE'S TIME INTO THE</u> | | | |
| <u>COMPUTER.</u> | | | |
| <u>QA-JOB NUMBERS WITH PROJECTS</u> | | | |
| <u>MATHCOUNTS - 2005-RECOGNITION</u> | | | |
| <u>DINNER - FAXES, TELEPHONE CALLS.</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REMARKS:

6/3/05

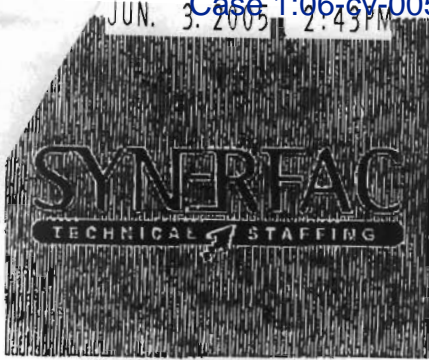
NOTE: If work performed is an "EXTRA," do a separate work log, note it is an "EXTRA," and have the work approved by the client by signing above.

Fill out separate daily logs for different crew sizes (e.g., 2 MSC, 3 MSC).

NEW CASTLE 302.324.9404
2 Read's Way | Suite 209
New Castle | DE 19720

302 | 324-9400
fax: 302 | 324-9404

www.synerfac.com



A division of SYNERFAC, Inc.

June 3, 2005

To Whom It May Concern:

Per Jourdean Lorah's request, this letter is to inform you of her current pay rate of \$14.00/hour.

If you have additional requests please let Jourdean know and with her permission I will release the information.

Sincerely,

A handwritten signature in cursive script that reads "Melissa K. Palese".

Melissa K. Palese
Recruiting Manager- Wilmington Branch
Synerfac Technical Staffing
2 Read's Way, Suite 209
New Castle, DE 19720
P 302.324.9400
F 302.324.9404
Toll Free 800.562.7040

CONFIDENTIAL INFORMATION**DELAWARE
TECH**Stanton Campus
400 Stanton-Christiana Rd.
Newark, DE 19713**Student Schedule/Bill**Ms Jourdean S. Lorah
114 Walls Avenue
Wilmington, DE 19805
CDate: 08/09/2006
Phone: 302-225-0540
ID#: 700419323
Term: 200751 Campus: Stanton
Major: Architectural Engineering
Username: jlorah

For new students only, your password is the month and day of your birthday and the last 4 digits of your Social Security Number in the following format.(MMDDNNNN).

Schedule Information

| CRN | P/T | SUBJ | CRSE | SECT | TITLE | CR | ST | START DATE | DAYS | TIME | BLDG | ROOM |
|-------|-----|------|------|------|-------------------------|------|----|------------|------|-------------|------|------|
| 14203 | 1 | CIS | 107 | 554 | Intro to Computers/Appl | 3 | RE | 08/26 | S | 0830 - 1220 | STA | A226 |
| | | | | | | 3.00 | | | | | | |

| CURRENT TERM CHARGES | | CREDITS - ANTICIPATED CREDITS | | BALANCES | |
|--------------------------------|--------|---------------------------------|--------|-----------------------|---------|
| Computer Info Sys Lab Fee | 20.00 | Cash Payment | 15.00 | Current Term Balance: | -272.25 |
| DTCC Tuition Charge | 258.75 | Federal PELL Grant - Stan/Wilm | 475.00 | | |
| Registration Fee | 15.00 | Federal SEOG Grant | 100.00 | | |
| Student Service Fee | 6.00 | | | | |
| Technology Support Fee | 18.00 | | | Previous Balance: | 0.00 |
| | | | | Future Term Charges: | 0.00 |
| Current Term Charges:\$ 317.75 | | Current Term Credits: \$ 590.00 | | | |

******Deferred Payment Plan (read stipulation in Handbook) ******

I agree to make my 2nd payment of \$ _____ on or by 09/18/2006

I agree to make my 3rd payment of \$ _____ on or by 10/17/2006

Sign: _____

If mailing payment, include this stub and send payments to:

Payment Method (DO NOT SEND CASH)Delaware Technical & Community College
Stanton Campus
Business Office
400 Stanton-Christiana Rd.
Newark, DE 19713

Pay this amount: \$-272.25

Amount Paid: \$ _____

Payment Method:

Term: 200751

☐ Check Payable to DTCC☐ Credit Card (check one)☐ VISA☐ MasterCard☐ Discover

Card Number: _____

Exp Date: _____

Card Code #: _____

(The card code is a three-digit security code that is printed on the back of cards. The number typically appears at the end of the signature panel.)

Cardholder Name: _____

Cardholder Address: _____

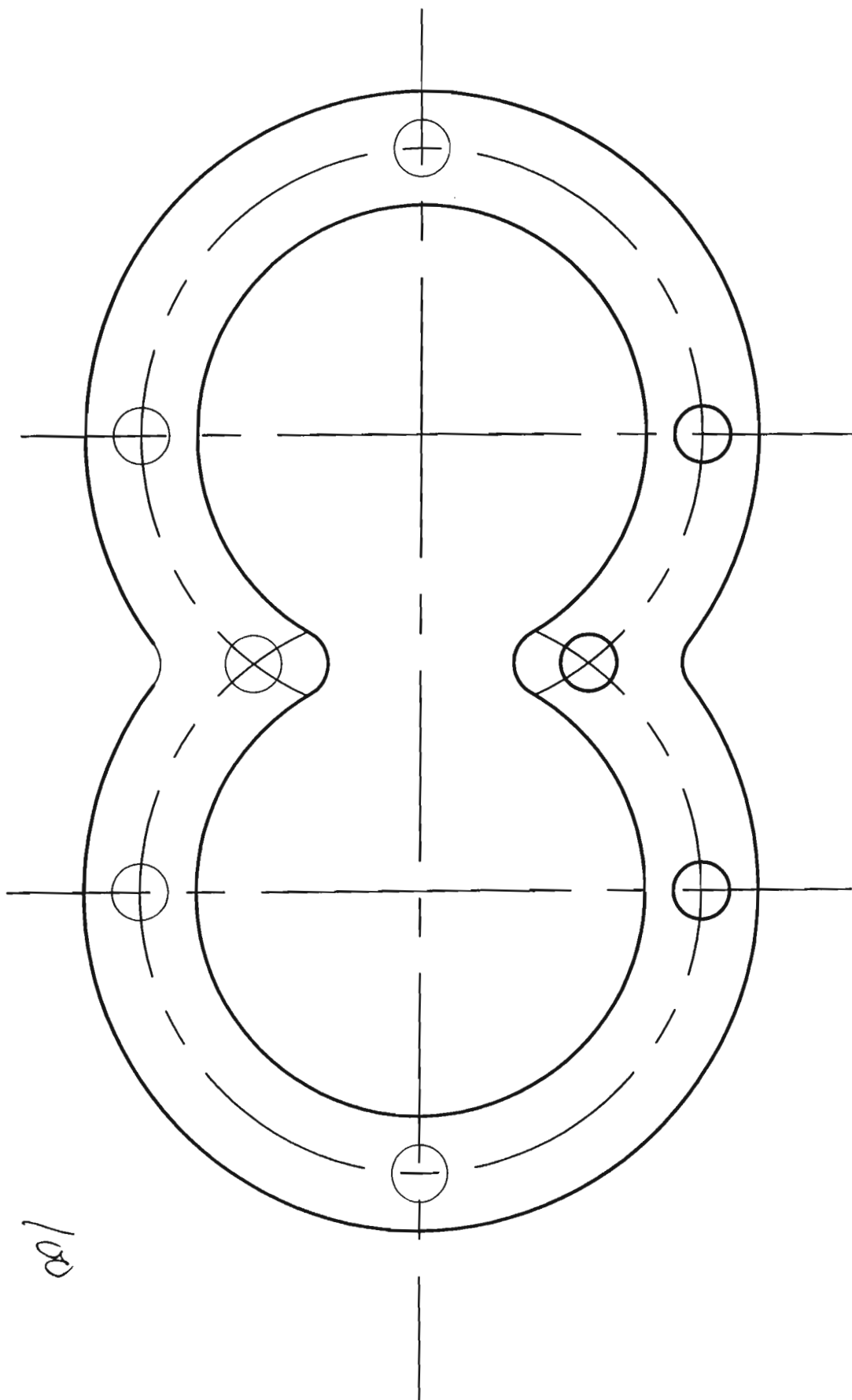
City/State/ZIP: _____

Signature: _____

Student Name: Ms Jourdean S. Lorah
Student ID Number: 700419323

Additional Information on the Back

Contact the Registrar's to update your address.



DRAWN BY:
Jourdean Lorah

DELAWARE TECH

DATE:
06/14/05

DRAWING NAME
MID-TERM EXAM



Student Name: Jourdean S Lorah
 Student ID#: 217741460
 Major: Architectural Engineeri
 Term: Fall 2005-2006
 Home Campus: STANTON

Student Grade Mailer
OFFICE OF THE REGISTRAR
 12/15/2005

EXPLANATION OF GRADES

| | |
|---|---|
| A -- Outstanding | U -- Withdrawal without approval of College |
| B -- Above Average | *AE -- Outstanding |
| C -- Meets Objectives | *BE -- Above Average |
| R -- Recycle | *CE -- Meets Objectives |
| W -- Withdrawal | *SE -- Continuing Satisfactory |
| L -- Listener/Auditor | *RE -- Recycle |
| O -- Official Withdrawal | *UE -- Withdrawal without approval of College |
| I -- Incomplete | |
| In order to become passing grades, incompletes must be fully satisfied by the end of the next semester. | |
| (*Not included in GPA) | |

Contact your home campus for any Questions.

Jourdean S Lorah

| Course Name | Course Number | Section | Campus | Course Title | Grade | Credit Hours | Earned Hours | GPA Hours | Grade Points | Term GPA |
|--------------|---------------|---------|--------|----------------------------|-------|--------------|--------------|-----------|--------------|----------|
| EDD | 271 | 551 | 5 | Advanced Cad Using AutoCad | A | 3.000 | 3.00 | 3.00 | 12.00 | |
| Total | | | | | | | 3.00 | 3.00 | 12.00 | 4.00 |

Message 1: The student bears responsibility to contact the instructor regarding grade issues.

Academic Standing

Academic - Good Standing

Financial Aid Standing for next term of Attendance

ELIGIBLE - Satisfactory Progress OK

Message 2: Disregard your Financial Aid standing unless you have applied for Financial Aid

| | | | | |
|---------------------|------|------------|-------|---------|
| Cumulative | 6.00 | 6.00 | 21.00 | 3.50 |
| Campus Codes | | | | |
| Owens | 2 | Wilmington | 4 | Stanton |
| | | | 5 | Terry |
| | | | | 6 |

CHARGE QUESTIONNAIRE

EEOC Use Only

Name (Intake Office)

This form is affected by the Privacy Act of 1974; see Privacy Act Statement on back before completing this form.

Please answer the following questions, telling us briefly why you believe you have been discriminated against in employment. An officer of the EEOC will talk with you after you complete this form.

Date of Birth JAN. 27, 1959Social Security Number 217 - 74 - 1460

(Please Print)

NAME Mr./Ms. LOURDEAN SARAH LOBAH DATE JUNE 20, 2005
 (First) (Middle Name or Initial) (Last)

ADDRESS 114 WALLS AVE TELEPHONE NO. (Include area code) 302-225-0940CITY WILMINGTON STATE DE. ZIP 19805 COUNTY NEW CASTLE

Please provide the name of an individual at a different address in your local area who would know how to reach you.

NAME _____ RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I believe I was discriminated against by: (Check those that apply)

☒ EMPLOYER☐ UNION (Give Local No.)☒ EMPLOYMENT
AGENCY☐ OTHER (Specify)

APPROX NO. EMPLOYED BY
THIS EMPLOYER

OVER 100NAME SYNERFAC AGENCYADDRESS 2 READS WAYNEW CASTLE CORPORATE COMMONSCITY, STATE, ZIP NEW CASTLE, DE. 19720MAIN TELEPHONE NUMBER 324-9400NAME TETRA TECH INC.ADDRESS 516 WEST MAIN ST.CITY, STATE, ZIP CHRISTIANA, DE

MAIN TELEPHONE NUMBER _____

If you checked 'Employer' above, are you now employed by the Employer that you believed discriminated against you?

YES: From _____
(date)

NO: I applied for _____
(position)

OR: I was employed as _____
(position)

_____ (current position)

on _____
(Date)

until _____ I was _____
(date) (laid off, fired, etc.)

What action was taken against you that you believe to be discriminatory? What harm, if any, was caused to you or others in your work situation as a result of that action? (if more space is required, use reverse.)

I HAD AN AGREEMENT WITH MY SUPERVISOR @ TETRA TECH, INC.
IN CHRISTIANA, DE. TO BE HIRED AS A SURVEY ASSISTANT
AS WELL AS AN ADMINISTRATIVE ASSIST. I WAS ALSO TOLD THAT I
WOULD RECEIVE SIX MONTHS OF TRAINING BEFORE A DECISION
OR A REVIEW CONCERNING A POSITION AS AN EMPLOYEE OF TETRA TECH.
DURING MY CONTRACT W/ TETRA TECH (THROUGH SYNERFAC)
I WAS DEMOTED FROM A SURVEY ASSIST. TO AN OFFICE ASSIST.
WHEN I BEGAN THE CONTRACT I HAD A COMPUTER AND A DESK.
THEN I WAS ASKED TO SHARE A WORKSTATION BECAUSE A MALE
 WHAT WAS THE MOST RECENT DATE THE HARM YOU ALLEGED TOOK PLACE? JUNE 14, '05

JUNE 10, '05

Do you believe this action was taken against you because of: (check the one(s) that apply and specify your race (if you checked race), your religion (if you checked religion), your national origin (if you checked national origin) or your disability (if you checked disability))

☐ Race ☒ Sex ☐ Religion ☐ National Origin ☒ Age
☒ Disability ☒ Other (explain) RETALIATION

If you checked any block(s) above, explain why. If you did not check any block above, explain the reason(s) why you believe the action was taken against you.

EMPLOYEE WHO WAS YOUNGER THAN ME NEEDED MY DESK.
SEVERAL EMPLOYEES KNEW THAT I WAS OLDER. THE
YOUNGER EMPLOYEES WHO WERE HIRED AFTER ME RECEIVED
A DESK AND TRAINING. I WAS ALSO REFERRED AS LORAN
LORAN WHO IS A NINETEEN YR. OLD MAN. I CORRECTED
MY COLLEAGUES, BUT THEY CONTINUED TO HARASS ME AND
LOWER MY DIGNITY. ~~THEY~~ VARIOUS COLLEAGUES REFERRED
TO ME AS SOMEONE WHO WAS ILL W/ A CONTAGIOUS ILLNESS.
THIS WAS UNTRUE. MY SUPERVISOR WAS AWARE OF THE
RIGHT TO ONE LETTER THAT I HAD RECEIVED. HE ALSO KNEW
THAT I WAS NOT REPRESENTED BY AN ATTORNEY.

Have you sought assistance about the action you think was discriminatory from any agency, from your union, an attorney, or from any other source? ☐ No ☒ Yes (If answer is yes, complete below.)

NAME OF SOURCE ASSISTANCE NO REPRESENTATION / ECONOMIC REASONS DATE MAY '05
 RESULTS IF ANY: I CAN NOT AFFORD AN ATTORNEY.

Have you filed a complaint about the action you think was discriminatory with any other Federal, State, or Local Government Anti-discrimination agency? ☐ No ☒ Yes (If answer is yes, complete below.)

NAME OF SOURCE ASSISTANCE DEPT. OF LABOR - ONE YR. AGO DATE _____
 RESULTS IF ANY: RIGHT TO ONE - STATUTE OF LIMITATIONS / OVER

Have you filed an EEOC Charge in the past? ☐ No ☒ Yes (if answer is yes, complete below)

| | | |
|--|--|---|
| APPROX. DATE FILED <u>APRIL 26, '05</u> | ORGANIZATION CHARGED <u>CREATIVE CONCEPTS</u> | CHARGE NUMBER (IF KNOWN) <u>170-2005-00466</u> |
|--|--|---|

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE Jordan Lora DATE JUNE 20, '05

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Form 283, Charge Questionnaire (12/93).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information in an acceptable form consistent with statutory requirements to enable the Commission to act on matters within its jurisdiction. When this form constitutes the only timely written statement of allegations of employment discrimination, the Commission will, consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(b), consider it to be a sufficient charge of discrimination under the relevant statute(s).
4. ROUTINE USES. Information provided on this form will be used by Commission employees to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over allegations of employment discrimination and to provide such charge filing counseling as is appropriate. Information provided on this form may be disclosed to other State, local and federal agencies as may be appropriate or necessary to carrying out the Commission's functions. Information may also be disclosed to charging parties in consideration of or in connection with litigation.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. The providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge of discrimination. It is not mandatory that this form be used to provide the requested information.

Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐

FEPA

☒

EEOC

170-2005-02819**Delaware Department of Labor**

and EEOC

State or local Agency, if any

Name (Indicate Mr., Ms., Mrs.)

Ms. Jourdean S. Lorah

Home Phone No. (Incl Area Code)

(302) 225-0540

Date of Birth

Street Address

City, State and ZIP Code

114 Walls Avenue, Wilmington, DE 19805

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

TETRA TECH INC.

No. Employees,

101 - 200

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

56 West Main Street, Christiana, DE 19720

Name

No. Employees,

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐

RACE

☐

COLOR

☒

SEX

☐

RELIGION

☐

NATIONAL ORIGIN

☒

RETALIATION

☒

AGE

☒

DISABILITY

☐

OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

06/14/2005**06/14/2005**☒

CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I. I was an employee of Synerfac, an employment agency, and was contracted to work at Tetra-Tech, Inc (the "Respondent") beginning in or about March 2005. After I began my employment, I never received the on-the-job training that was promised. Younger employees received this training including a younger female who was hired by the Respondent. On or about June 14, 2005, Respondent had my employer terminate my contract. I was replaced by a younger male.

II. I believe that I have been discriminated against because of my age, 46, in violation of the Age Discrimination in Employment Act of 1967 ("ADEA") and/or because of my sex, female, in violation of Title VII of the Civil Rights Act of 1964, as amended ("Title VII") and/or because of my disability in violation of the Americans with Disabilities Act of 1990 ("ADA"). During my interview, a Respondent supervisor asked me if I had a disability. After I began working as a contract employee at Tetra-Tech, my supervisor asked me if I had any children and if I had ever been married.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

OCTOBER 25, 05
Date

Jourdean S. Lorah
Charging Party Signature

6B

U.S. Equal Employment Opportunity Commission

EEOC Form 161-B (10/96)

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Ms. Jourdean Lorah
114 Walls Avenue
Wilmington, DE 19805

From: Equal Employment Opportunity Commission
Philadelphia District Office
21 South Fifth Street
Philadelphia, PA 19106-2515

[] On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR § 1601.7(a))

| Charge No. | EEOC Representative | Telephone No. |
|----------------|---------------------|----------------|
| 170-2005-02819 | Legal Unit | (215) 440-2828 |

(See also the additional information attached to this form.)

NOTICE TO THE PERSON AGGRIEVED:

Title VII of the Civil Rights Act of 1964 and/or the Americans with Disabilities Act (ADA): This is your Notice of Right to Sue, issued under Title VII and/or the ADA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII or the ADA **must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice.** Otherwise, your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

- [X] More than 180 days have passed since the filing of this charge.
- [] Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of the charge.
- [X] The EEOC is terminating its processing of this charge.
- [] The EEOC will continue to process this charge.

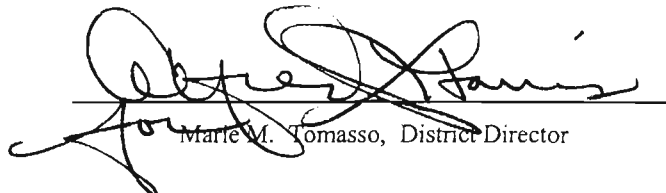
Age Discrimination in Employment Act (ADEA): You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, **the paragraph marked below applies to your case:**

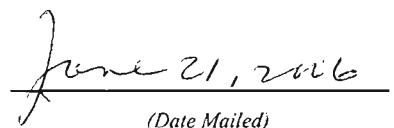
- [X] The EEOC is closing your case. Therefore, your lawsuit under the ADEA **must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice.** Otherwise, your right to sue based on the above-numbered charge will be lost.
- [] The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of your charge you may file suit in federal or state court under the ADEA at this time.

Equal Pay Act (EPA): You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission


Marie M. Tomasso, District Director


(Date Mailed)

Enclosure(s)

cc: Ms. Amy Clark (for Respondent)



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office

21 South 5th Street, Suite 400
Philadelphia, PA 19106-2515
(215) 440-2600
TTY (215) 440-2610
FAX (215) 440-2604, 2632 & 2685

January 4, 2006

Our Reference: Charge Number 170-2005-02819
Jourdean S. Lorah v. Tefra Tech, Inc.

Ms. Jourdean S. Lorah
114 Walls Avenue
Wilmington, DE 19805

Dear Ms. Lorah:

We have received a response to your allegations of discrimination because of your sex (female), age and disability from Tefra Tech, Inc. The response with supporting documentation, represents the Respondent's position regarding your specific allegations.

Please review the enclosed information from Tefra Tech, Inc., which summarizes its position, and submit your written response/rebuttal to me by Thursday, January 19, 2006. Your timely response will enable us to decide what to do next with the processing of your charge. Your response should be specific and contain information that will rebut the Respondent's position and/or further support your allegations.

Are you currently employed? If so, please include the name and address of your employer, date of hire, position and salary in your response. Have you received unemployment compensation? If so, please include the dates and amounts.

Settlement of charges is always an option that EEOC pursues during our investigations. If both parties are amenable to pursuing a Negotiated Settlement, the assigned Investigator will facilitate settlement discussions. Please include in your response the specific terms of relief that you are seeking to resolve your charge. If those terms include monetary relief, please provide a full explanation of the purpose/basis for the monetary relief requested.

If you fail to respond to this letter within the prescribed timeframe, it will be recommended that your charge be dismissed. If your charge is dismissed, a Dismissal and Notice of Rights will be issued to you and you can exercise your right to file a lawsuit against the Respondent in U.S. District court within ninety (90) days of your receipt of the Dismissal/Notice.

If you have any questions or concerns prior to submitting your response, please contact me at (215) 440-2659.

Sincerely,

A handwritten signature in black ink, which appears to read "George E. King, Jr.", is written over the typed name and title.

George E. King, Jr.
Enforcement Supervisor

Enclosure



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office

21 South 5th Street, Suite 400
Philadelphia, PA 19106-2515
(215) 440-2600
TTY (215) 440-2610
FAX (215) 440-2604

January 17, 2006

Ms. Jourdean Lorah
114 Walls Avenue
Wilmington, DE 19805

Our Reference: EEOC Charge Number 170-2006-00048
Jourdean Lorah v. Synerfac Agency

Dear Ms. Lorah:

Your charge has been assigned to me for review and a determination as to what further actions, if any, should be taken by the Commission. In your charge you alleged that you were denied training and then fired by Synerfac Agency. Synerfac denies the allegations and contends that you were not an employee of Synerfac. Synerfac's only involvement was to serve as the payroll administrator for Tetra-Tech, Inc. All of your daily work assignments were made by Tetra-Tech. Synerfac had no control over your day-to-day work activities at Tetra-Tech. Therefore, Synerfac's position is that you were an employee of Tetra-Tech, Inc. and, as a consequence, it is Tetra-Tech, Inc. who is responsible for the alleged discrimination.

EEOC Notice Number 915.002, dated 12/03/97, and titled, "*Enforcement Guidance: Application of EEO Laws to Contingent Workers Placed by Temporary Employment Agencies and Other Staffing Firms*" states, in part,

"In limited circumstances, a staffing firm might not qualify as an employer of the workers that it assigns to a client. For example, in some circumstances, a client puts its employees on the staffing firm's payroll solely in order to transfer the responsibility of administering wages and insurance benefits. This is often referred to as employee leasing. If the firm does not have the right to exercise any control over these workers, it would not be considered their 'employer.'"

Based on the evidence presented and the above EEOC guidance, Synerfac is correct in stating that it is not your employer for the purposes of filing an EEOC charge and that Tetra-Tech, Inc. was your employer. As a result, we will close out this case against Synerfac and pursue your allegations of discrimination via your charge against Tetra-Tech, Inc. We appreciate the opportunity to have served you to the best of our ability based on the available evidence and applicable law.

No. 1328 P. 2/9

06/15/2005 15:33 DIV OF SOCIAL SVC → 93249404

NO. 517 WDC

DSS
ReceivedDELAWARE HEALTH
AND SOCIAL SERVICES

DIVISION OF SOCIAL SERVICES

JUN 20 2005

VERIFICATION OF
EMPLOYMENTTO: Synectics, IncDATE: 6/15/05
Case Head: Quinton Loran
Case Number:
RE: Employment Certification
SS #: 217-74-1260

Dear Employer:

Our Division is trying to make a determination of eligibility for the above named individual. Please complete the information requested below, so we can make our eligibility determination. The authorization to give information is signed below. Please return to our DSS address below. Your cooperation is appreciated. If there are any questions, please call me.

Sincerely,

Quinton Loran
Social Worker, Division of Social Services
Phone # 302-324-1260 Fax #: 302-324-1260

DSS Office Address:

155 E. 4th St.
Wilmington, DE 19801Employee Position Office generalist Date Employment started 3/22/05
Date First Pay 3/31/05 Average Hours Per Week 40 Hourly Wage 14.00How often paid: (Please Check) ☒ Weekly ☐ Every Two Weeks ☐ Semi-Monthly ☐ Monthly

Receiving the Following Benefits (Please Check)

☐ Sick/FMLA ☐ Workman's Compensation ☐ Lost Wages
☐ Disability ☐ VacationAmount Benefits Receiving: NONEEmployer Provides Health Insurance: ☐ Yes ☐ No Premium per Pay Period NONEDate Employment Terminated: Is re-employment likely? Reason for Termination? Please provide wage information for the following period of Employment: From: Nov 01 To: Present
*** NOTE *** If box is checked ☐ please provide itemized deductions per pay period in addition to the following:

| DATE PAY PERIOD ENDED | DATE PAY RECEIVED | AMOUNT OF GROSS PAY | HOURS WORKED |
|--------------------------|----------------------|------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Quinton Loran Accounting Assist. 302-324-1260 324-9285 6/17/05
Signature & Title of Person Completing Form Phone # Fax # Date

I hereby give permission for release of the above information

Applicant/Representative Signature

Date

Check History Report

(Includes Deposit Advice)

SYN - Synerfac, Inc.

6/17/2005 3:37:23PM

JPETTO/Default User Email: jpetto@synerfac.com

Page 5 of 7

Selection Criteria:

Employee Numbers MASK: LOR460

Employee

Employee ID Employee #

| | | | | | | | | | |
|-------------------|--------------|---------|----------|------------|----------------------|--------------|-----------------|----------------------|-------------------------|
| Gross: | \$581.00 | Reg Hrs | Reg Pay | FedT/M | A - Auto Allowance | P - Personal | D - Garnishment | U - Misc Exp | J - Advanced EIC |
| Net: | \$398.57 | 40.00 | \$560.00 | (\$52.78) | | | | | |
| CK # & Date: | -1 5/26/2005 | OT Hrs | OT Pay | State With | B - Commissions Mgmt | S - Sick | K - 401k | R - PA Unemployment | M - Health Ins post tax |
| Pay: | 129023 | 1.00 | \$21.00 | (\$17.43) | | | | | |
| Tax Jurisdiction: | DE | DT Hrs | DT Pay | Local Tax | C - Commissions | H - Holiday | Q - 401k PA | T - Safety Equipment | L - Not Setup |
| Y - Checking Dep | (\$398.57) | 0.00 | | | | | | | |
| Z - Savings Dep | | | | | | | | | |

Lorah, Jourdean S

Cleared StopPayment StopPaymentDate NewCheckNumber

Y 5/27/2005 N 0

| | | | | | |
|--------|-----------|-------------|-------|---|--------|
| MedWth | (\$31.47) | W - NYC Tax | Bonus | G - Health Ins non NJ pre tax (\$73.38) | O - CC |
| MedWth | (\$7.37) | | | N - NJ Unemployment | |

| | | | | | | | | | |
|-------------------|-------------|---------|----------|------------|----------------------|--------------|-----------------|----------------------|-------------------------|
| Gross: | \$553.00 | Reg Hrs | Reg Pay | FedT/M | A - Auto Allowance | P - Personal | D - Garnishment | U - Misc Exp | J - Advanced EIC |
| Net: | \$378.38 | 39.50 | \$553.00 | (\$48.58) | | | | | |
| CK # & Date: | -1 6/2/2005 | OT Hrs | OT Pay | State With | B - Commissions Mgmt | S - Sick | K - 401k | R - PA Unemployment | M - Health Ins post tax |
| Pay: | 129623 | 0.00 | | (\$15.97) | | | | | |
| Tax Jurisdiction: | DE | DT Hrs | DT Pay | Local Tax | C - Commissions | H - Holiday | Q - 401k PA | T - Safety Equipment | L - Not Setup |
| Y - Checking Dep | (\$378.38) | 0.00 | | | | | | | |
| Z - Savings Dep | | | | | | | | | |

Lorah, Jourdean S

Cleared StopPayment StopPaymentDate NewCheckNumber

Y 6/3/2005 N 0

| | | | | | |
|--------|-----------|-------------|-------|---|--------|
| MedWth | (\$29.74) | W - NYC Tax | Bonus | G - Health Ins non NJ pre tax (\$73.38) | O - CC |
| MedWth | (\$6.95) | | | N - NJ Unemployment | |

Synerfac, Inc.
2 Read's Way, Ste 209
New Castle, DE 19720
(302) 324-9400

First Union National Bank
Philadelphia, PA

3-50/310 96342

-1

*****DEPOSIT ADVICE*****

To the
Order Of

Date Amount
4/7/2005 *****VOID*****

Lorah, Jourdean S
 114 Walls Avenue
 Wilmington, DE 19805

Lorah, Jourdean S

LOR460

Single 1 AS DE Check #: -1

4/7/2005

Period: 3/28/2005 to 4/3/2005

| | CUR—Hours—YTD | | CUR—Pay—YTD | |
|--------------|---------------|---------------------|-------------|----------|
| Regular | 40.00 | 72.00 | 560.00 | 1,008.00 |
| Overtime | 1.00 | 1.00 | 21.00 | 21.00 |
| Doubletime | 0.00 | 0.00 | 0.00 | 0.00 |
| Total Hourly | 41.00 | 73.00 | 581.00 | 1,029.00 |
| | | Other Pay* | 0.00 | 0.00 |
| | | Gross Pay | 581.00 | 1,029.00 |
| | | Other Adds and Deds | (451.28) | (806.85) |
| | | Total Taxes | (129.72) | (222.15) |
| | | Net Pay | 0.00 | 0.00 |

| Tax Analysis | Current | YTD |
|-----------------|---------|----------|
| Federal | 63.78 | (107.61) |
| State | 21.50 | (35.82) |
| Social Security | 36.02 | (63.80) |
| Medicare | 8.42 | (14.92) |
| Local | \$0.00 | \$0.00 |

Total Taxes 129.72 (222.15)

Other Pay, Additions and Deductions Analysis

| | CUR | YTD | CUR | YTD |
|---------------------|-----|-----|----------|----------|
| Checking | | | (451.28) | (806.85) |
| Total Adds and Deds | | | (451.28) | (806.85) |

Cust: TET200 40 Reg at 14.00, 1 OT at 21.00

QueueID: 2302

8c

Synerfac, Inc.
2 Read's Way, Ste 209
New Castle, DE 19720
(302) 324-9400

First Union National Bank
Philadelphia, PA

3-50/310 96342

-1

*****DEPOSIT ADVICE*****

To the
Order Of

Date

Amount

6/16/2005

VOID

Lorah, Jourdean S
 114 Walls Avenue
 Wilmington, DE 19805

Lorah, Jourdean S

LOR460

Single 1 AS DE Check #: -1

6/16/2005

Period: 6/6/2005 to 6/12/2005

| | CUR—Hours—YTD | CUR—Pay—YTD |
|---------------------|----------------------|---------------------|
| Regular | 40.00 455.00 | 560.00 6,370.00 |
| Overtime | 1.00 7.50 | 21.00 157.50 |
| Doubletime | 0.00 0.00 | 0.00 0.00 |
| Total Hourly | 41.00 462.50 | 581.00 6,527.50 |
| Other Pay* | | 0.00 0.00 |
| Gross Pay | | 581.00 6,527.50 |
| Other Adds and Deds | | (451.26) (5,186.50) |
| Total Taxes | | (129.74) (1,341.00) |
| Net Pay | | 0.00 0.00 |

Other Pay, Additions and Deductions Analysis

| | CUR | YTD | CUR | YTD |
|---------------------|------------|------------|------------|------------|
| Group Insurance | | (324.97) | | |
| Checking | | | (451.26) | (4,861.53) |
| Total Adds and Deds | | | (451.26) | (5,186.50) |

| Tax Analysis | Current | YTD |
|---------------------|----------------|------------|
| Federal | 63.78 | (649.97) |
| State | 21.50 | (216.53) |
| Social Security | 36.03 | (384.56) |
| Medicare | 8.43 | (89.94) |
| Local | \$0.00 | \$0.00 |

Total Taxes 129.74 (1,341.00)

Cust: TET200 40 Reg at 14.00, 1 OT at 21.00

QueueID: 2302

**Patty J. Lorah
114 Walls Ave.
Wilmington, Delaware 19805**

January 2, 2007

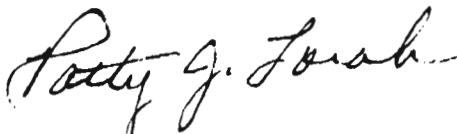
**Equal Employment Opportunity Commission
Philadelphia District Office
Attention: Mr. King
21 South Fifth Street
Philadelphia, Pennsylvania**

Dear Mr. King,

I am a concerned parent of Jourdean Lorah who resides with me at 114 Walls Ave. in Wilmington, Delaware . There seems to be a pattern of employment which results in either a layoff or a wrongful termination where no explanation or reason is given. My daughter's employment usually lasts approximately three months, each time resulting in a financial hardship with no retirement and unemployment compensation. Jourdean Lorah has financial responsibilities each month as a resident in my home.

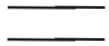
Please contact me if there is anything that I can do or discuss with you. I know an overburden of cases is a hardship at this time but any consideration you could give us would be highly appreciated. I can be reached at 302-381-2637 (if possible to have a telephone conversation).

Sincerely yours,



Patty J. Lorah

Mr. King,
I will be back in the area
in Feb - if we need to set up a
meeting. *Thank you,*



Notice About Your Medical Assistance

State of Delaware Division of Social Services

December 18, 2006

Your Case #:
9001440499

Questions? Contact your Caseworker:

I. HERNANDEZ-ORTIZ
POOL# 0110
1715 W 4TH ST
4TH ST. OFFICE
WILMINGTON DE 19805
(302) 577-3600
Fax: (302) 577-3648

To: JOURDEAN S LORAH
114 WALLS AV
WILMINGTON DE 19805

Medical Assistance for the following people has CHANGED:

| <u>Name</u> | <u>Start Date</u> | <u>End Date</u> | <u>Old Program</u> | <u>New Program</u> |
|------------------|-------------------|-----------------|--------------------------|-------------------------------|
| Jourdean S Lorah | January 1, 2007 | Ongoing | Family Planning Services | Medicaid for Uninsured Adults |

You are changing to the Medicaid Program. Medicaid covers most medical care services. In addition to medical care services, Medicaid covers the cost of transportation to medical appointments. The program also covers dental services for children under age 21.



**If you do not agree with this action, you have the right to a fair hearing.
Read the last page of this notice to see how to ask for a fair hearing.**



NOTICE TO DENY YOUR FOOD STAMPS

STATE OF DELAWARE
DIVISION OF SOCIAL SERVICES
DECEMBER 18, 2006

TO: JOURDEAN S LORAH
114 WALLS AV

WILMINGTON DE 19805

0110 I. HERNANDEZ-ORTIZ
1715 W 4TH ST
4TH ST. OFFICE
WILMINGTON DE 19805

PHONE: (302) 577-3600
FAX : (302) 577-3648
CASE : 9001440499 FS 01

Your application for Food Stamps was denied.

THIS IS BECAUSE:

You became a student enrolled at least half time in a university, a college or a school of higher education in DECEMBER, 2006 . You are also:

Between the ages of 18 and 50.

Physically and mentally fit.

Not in an on-the-job training program.

Not in school because you participate in a JTPA program.

Students cannot get Food Stamps unless they meet one of these conditions:
They get TANF; or

They are in a state or federally funded work-study program; or

They take care of a child under age 6; or

They take care of a child under age 12 and do not have proper child care; or

They work and earn at least as much as a person who works 20 hours per week at minimum wage.

They are single parents enrolled full-time and take care of a child under age 12.

IF YOU DO NOT AGREE WITH THIS ACTION, YOU HAVE THE RIGHT TO ASK FOR A
HEARING. READ THE LAST PAGE OF THIS TO SEE HOW TO ASK FOR A HEARING.

**The United States District Court
844 King Street
Wilmington, Delaware 19801-3570**

**Jourdean Lorah - Plaintiff
114 Walls Ave.
Wilmington, Delaware 19805**

Case Number - 1:06-CV-538 SLR

V

**Tetra Tech Inc. -Defendant
240 Continental Drive Suite 200
Newark, Delaware 19713-4307**

**The Corporation Trust Company
1209 Orange Street
Wilmington, Delaware 19801**

**Department of Justice
Carvel State Office Building
Robert Phillips
820 N. French Street
Wilmington, Delaware 19801**

ORDER

**HAVING CONSIDERED, the Plaintiff, Jourdean Lorah's brief concerning an
economical hardship, discrimination under Title VII, and the negligence regarding
the EEOC/Division of Industrial Affairs;**

IT IS HEREBY ORDERED that the Plaintiff be granted a settlement of \$100,000.00 for her losses as stated. The complaint is dismissed with prejudice against the Defendants.

Honorable Judge Sue L. Robinson

CERTIFICATE OF SERVICE

On this day of MARCH 13, 2007, the following documents were sent or delivered to the Defendant.

Jourdean Lorah - Plaintiff
114 Walls Ave.
Wilmington, Delaware 19805

A handwritten signature in black ink that reads "Jourdean Lorah". The signature is written in a cursive style with a large, looped initial "J".

Tetra Tech Inc.- Defendant
56 West Main Street
Christiana, Delaware 19720

The Corporation Trust Company
1209 Orange Street
Wilmington, DE. 19801

Department of Justice
Carvel Office State Building
Attention: Robert Phillips
820 N. French Street
Wilmington, DE. 19801